

| <b><i>CHART AUDIT REPORT</i></b> |          |                       |     |                       |
|----------------------------------|----------|-----------------------|-----|-----------------------|
| Number of Records Reviewed:      |          | Case Management Team: |     |                       |
| Review Date(s):                  |          | Prepared by:          |     |                       |
| Names of Records Reviewed:       |          |                       |     |                       |
|                                  |          |                       |     |                       |
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|                                  |          |                       |     |                       |
| STANDARD REVIEWED                | FINDINGS |                       |     | DATE & TYPE OF ACTION |
|                                  | CORRECT  | INCORRECT             | N/A |                       |
| 1. Initial Contact               |          |                       |     |                       |
| 2. Medicaid Eligibility          |          |                       |     |                       |
| 3. Residency                     |          |                       |     |                       |
| 4. Plan of Care Costs            |          |                       |     |                       |
| 5. Plan of Care Completeness     |          |                       |     |                       |
| Recipient Identifying Info       |          |                       |     |                       |
|                                  |          |                       |     |                       |

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|---------------------------------|----------|-----------|-----|-----------------------|
| STANDARD REVIEWED               | FINDINGS |           |     | DATE & TYPE OF ACTION |
|                                 | CORRECT  | INCORRECT | N/A |                       |
| 5. Plan of Care Completeness    |          |           |     |                       |
| Medical Information             |          |           |     |                       |
| Functional Overview             |          |           |     |                       |
| Orders for Medication, etc      |          |           |     |                       |
| Specific Services               |          |           |     |                       |
| Goals and Objectives            |          |           |     |                       |
| Psychosocial Summary            |          |           |     |                       |
| Discharge Plan                  |          |           |     |                       |
| Cost Sheet                      |          |           |     |                       |
| Signatures                      |          |           |     |                       |
| 6. Plan of Care Reevaluations   |          |           |     |                       |
| 7. Annual Plan of Care Updates  |          |           |     |                       |
| 8. Content of Recipient Records |          |           |     |                       |
| 9. Authorization of Services    |          |           |     |                       |
| 10. Waiting List                |          |           |     |                       |
| 11. Case Closure (Notification) |          |           |     |                       |
| 12. Findings                    |          |           |     |                       |
| 13. Date and Type of Action     |          |           |     |                       |
| 14. Manual                      |          |           |     |                       |
|                                 |          |           |     |                       |